

potassium. Cancer is very liable to return in muscles after removal.—*British Medical Journal*, October 19, from *L'Union Médicale*, 22d and 29th Aug. 1861.

50. *Is Inherited Syphilis Protective against Subsequent Contagion?* By JONATHAN HUTCHINSON, Esq., Ass. Surg. London Hospital, &c.—It is now generally admitted that a man who has once had an indurated chancre, and the usual rôle of secondary symptoms, is not susceptible of a subsequent contagion. In this respect, as in many others, true syphilis resembles the exanthems. The latter, however, although they protect the individual, do not protect his offspring, unless, possibly, in those cases where a pregnant woman is the patient. Now, syphilis chiefly differs from those diseases usually classed as exanthems in that all its stages are very protracted. Time is thus afforded for the offspring to suffer as well as the parent. It becomes, therefore, a very interesting question as to how far an inherited taint is protective against subsequent contagion. As far as I am aware, no attempt has yet been made to find an answer to it, and in the hope of drawing attention to the matter, I record the following three cases. They are the only facts bearing upon it which have as yet come under my notice, although I have been carefully seeking such for some years:—

CASE I. *Heredito-syphilis with clear history; Gonorrhœa and Superficial Sores; No Secondary Symptoms.*—Richard D., a lad of 19, had been under my observation for several years on account of nodes, keratitis, etc., the results of inherited taint. His mother was also under treatment for tertiary symptoms, and gave me a clear history. The boy had suffered severely in infancy. At length (1858), he one day applied at the hospital on account of gonorrhœa and superficial sores, with much swelling of the prepuce. None of the sores became indurated. He was treated solely by local remedies; and no secondary symptoms occurred. He was under my care at the Metropolitan Free Hospital. I have frequently seen him during the last two years, and am certain that he has not had any constitutional symptoms.

CASE II. *Heredito-Syphilis; Acquired Syphilis; Several Non-Indurated Sores with Suppurated Bubo; No Constitutional Symptoms.*—Edwin W., aged 20, came under my care at the London Hospital in 1859, on account of primary sores. There was a large ulcer which had destroyed the frænum, and several small circular ones on the surface of the glans, and on the roll of the prepuce close to the corona. None of the sores were indurated. In the right groin was an ulcerated bubo with livid undermined edges. He had had the sores for nearly two months, and had taken mercury. There were no constitutional symptoms. The interest of his case belonged to the circumstance that he was evidently the subject of inherited taint in a severe form. He had suffered from interstitial keratitis in both eyes, and both corneæ were still hazy. The right iris was adherent at its pupillary edge, and this eye had, he said, been defective from infancy. The keratitis occurred when he was ten years old. His teeth presented the typical malformation; his nose was flattened, and large radiating cicatrices extended from the angles of his mouth. He stated that he was the oldest living in his family. A sister who was older died of consumption at the age of 21; she had always been ailing, and had suffered for long from "bad eyes." A brother a year younger than himself is now the subject of "bad eyes," and under care at Moorfields. I had this patient under observation for several weeks, during which he got nearly well of the local disease. No constitutional symptoms occurred.

CASE III. *Heredito-Syphilitic Diathesis well marked; Primary Syphilis acquired at Adult Age; Mercurial Treatment; No Constitutional Symptoms.*—In the following case the patient, besides being the subject of inherited syphilis, had also suffered from the acquired disease. It did not appear, however, that he had had any true constitutional symptoms from the latter; and the history made it clear that the attacks of inflammation of the eyes were dependent upon the inherited taint, rather than the acquired one. As he was not under my care during the primary disease, I am unable to state the exact nature of the sore.

William B., aged 26, was admitted under my care at Moorfields early in the present year. His aspect, teeth, etc., were most characteristic. The bridge of

his nose was flattened down, and had been so since boyhood. There were large fissures running from the angles of his mouth. The face was pitted; the upper incisors narrow and notched. His sight had been imperfect since early boyhood; the first inflammation, his mother told him, being at the age of four years. With the right eye he had never been able to see much.

The right cornea was lazy; the iris dull; and the pupil much notched by adhesions. The other eye had been the better one until the attack of inflammation, for which he came under my care; but in this, too, there had always been a corneal haze. He had, when I saw him, an acute ulcer on the outer part of the eye, attended by hypopyon. Under atropine the right pupil dilated widely, but with some notches; the other also dilated well. It was not practicable to illuminate his fundus at all well. The vitreous body appeared to contain floating films; and there were large and numerous black dots on the choroid.

The history of his acquired syphilis was as follows: Five years ago he attended the Lock Hospital for two months. He had then "clap and chancres," "a bubo formed and broke." After this, and during his attendance, he had a rash on one leg. He took pills night and morning for a month or two, and was salivated. After ceasing to attend he had no further symptoms. Two years ago he had gonorrhœa again, and was salivated by a chemist. He subsequently married; and his first child was born a few months before he came under my care. I was very anxious to see his infant, but my curiosity did not seem agreeable to him; and I could not press the matter. I have as yet had but few opportunities of seeing the offspring of heredito-syphilitic patients.

*Remarks.*—It will be seen that in none of these cases did the patients suffer from constitutional symptoms. In none is there any proof that the sores were of the indurated type, and in the first two it is certain they were not. As far as they go, they favour the belief that hereditary syphilis, if severe, is protective against subsequent contagion, and that its subjects are not liable to contract the indurated form of chancre.—*Brit. Med. Journ.*, Sept. 21, 1861.

51. *On Double Amputations, performed simultaneously or immediately following each other.*—J. F. HEYFELDER relates several cases in which double amputation was unfortunately necessary. In such cases the severity of the injuries sustained is so great, that they would probably terminate fatally without operation.

"Scarcely any cases," says Heyfelder, "can be produced in which patients have been saved, both of whose thighs have been amputated, *coup sur coup*, for gunshot injuries of both legs or both knee-joints." On this account, Boyer, Velpeau, and Vidal declare that the amputation of both hands or both feet is at the most permissible.

If it has been shown that the prognosis of double amputations of the lower extremities, *for injuries*, whether of the thigh or leg, is exceedingly unfavourable, Heyfelder thinks that the case assumes a different form when the double amputation is necessitated by an *organic disease*, instead of by an injury, and when an interval of five or six days elapses between the time of the first and the second operation. Thus, he twice performed successfully double amputation of both legs for frostbite, with an interval of five days. He does not lay down definite rules for double amputations, when they should be performed, simultaneously or at intervals. But he objects to the proceeding instanced by Ferguson, in which, at the same moment, both limbs are removed by two surgeons. One operator would be in the way of the other, and the measure is only justifiable during and after great battles. Heyfelder now holds a similar opinion regarding all, in some measure, important operations. In squint and in cataract it is better not to operate at once on both eyes; the same obtains in hydrocele, and the extirpation of several cystic tumours of the hairy scalp. In resection of the entire lower jaw, he advises that the removal of the second half should not be undertaken till the sublingual tissues on the first operated side have acquired new attachments. This is in order to prevent retraction of the tongue. In an article on the after-treatment of operation-wounds Heyfelder insists on the necessity of a spare diet, especially during the first five or six days, until the wound has either closed or is everywhere suppurating, when the inflammatory